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Bib Data Sheet

|                             |                                       |              |                         |                                  |
|-----------------------------|---------------------------------------|--------------|-------------------------|----------------------------------|
| SERIAL NUMBER<br>10/660,704 | FILING DATE<br>09/12/2003<br><br>RULE | CLASS<br>623 | GROUP ART. UNIT<br>3738 | ATTORNEY<br>DOCKET NO.<br>Q77494 |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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|   |                                  |                        |                       |                            |
|---|----------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>AUSTRALIA | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                  |                        |                       |                            |
| Verified and Acknowledged   | Examiner's Signature             | Initials               |                       |                            |

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## TITLE

Treatment of photic disturbances in the eye

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>557 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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